NY STATE LOBBYIST BUSINESS RELATIONSHIP FORM

Marking Instructions: Please type or use blue or black ink pen.

Completely fill in one circle.

Print legible numbers and block letters, no script

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Biennial Period: July- December 2012

Fill in circle if amendment

FOR OFFICE USE ONLY

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Il Principal Lobbyist Information

PRINCIPAL LOBBYIST NAME: Organization:

Last Name: O'Malley

First Name: Michael

Permanent Business Address: 15 Mountain View Road

City: Warren

State: NJ

ZIP code: 07059

Business Phone:

(908) 903-7004

(908)903-7015 Fax Number:

First name: William A.

III Business Relationship with an Entity

Fill out this section only if the Relationship is with an Entity. If the Relationship is with a State Person, skip this section Instructions:

and fill out Section IV.

Entity Name:

Hiscock & Barclay, LLP

Entity Address:

2000 HSBC Plaza, 100 Chestnut Street

City: Rochester

State: NY

ZIP code: 14604

Phone: 585-295-4424

State Person with the Requisite Involvement in the Entity:

Last name: Barclay

State Person's Agency or Legislative Body of Employment: NY State Assembly

Public Office Address: 172 State Street, Room 521

Albany City:

ZIP code: 12248 State: NY

Phone: (518) 455-5841

Check here if using addendum sheet for additional State Person(s) with the Requisite Involvement in the Entity:

Description of Business Relationship(s): Hiscock and Barclay, LLP provides legal Services

to Chubb and its Insureds.

Compensation (Actual or Anticipated):

\$372,000

00

Expenses (Actual or Anticipated):

\$0

.00

Total Compensation and Expenses (Actual or Anticipated):

\$372.000

.00

Beginning date of Business Relationship (Actual or Anticipated):

Month:

Year:

End date of Business Relationship (Actual or Anticipated) if applicable:

Month:

Year:

Check here if using addendum sheet for additional Relationship(s) with different Entity/Entities:

Designated Addendum Sheet for Sections III and IV

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

Business Relationship with an Entructions: Fill out this section only if the Relation and fill out Section IV.	onship is will all tilling. If the new	ationship is with	n a State Person, skip this sectio
ntity Name:			
ntity Address:			710 J.
City:	State:		ZIP code:
hone:			
tate Person with the Requisite Involvement in	n the Entity:		
ast name:	First name:		
state Person's Agency or Legislative Body of	Employment:		
Public Office Address:			7ID codo:
City:	State:		ZIP code:
			the ment in the Entity:
Phone: Check here if using addendum sheet for add	ditional State Person(s) with th	ne Requisite Ir	Noivement in the Linny.
Compensation (Actual or Anticipated): Expenses (Actual or Anticipated):	\$ \$ or Anticipated):	.00	.00
Total Compensation and Expenses (Actual o	51 / HIII C. P C. 1 - 1/		
Beginning date of Business Relationship (Ac	tual or Anticipated):	Month:	Year:
Delationship (Actual or	r Anticipated) if applicable:	Month:	Year:
End date of bositiess kelations up (tional State Person with the Requ	isite Involveme	ent in an Entity previously listed.
uuta Eill out this section ONLY for addit			
Entity Name: Hiscock and Barclay Entity Address: 2000 HSBC Plaza, 10	y, LLP		ZIP code: 14604
Entity Name: Hiscock and Barclay Entity Address: 2000 HSBC Plaza, 10 City: Rochester Phone: 585-295-4424	y, LLP 00 Chestnut Street State: NY		
Entity Name: Hiscock and Barclay Entity Address: 2000 HSBC Plaza, 10 City: Rochester Phone: 585-295-4424	y, LLP 00 Chestnut Street State: NY		
Entity Name: Hiscock and Barclay Entity Address: 2000 HSBC Plaza, 10 City: Rochester Phone: 585-295-4424 State Person with the Requisite Involvement	y, LLP 00 Chestnut Street State: NY It in the Entity: First name:	Neil D.	ZIP code: 14604
Entity Name: Hiscock and Barclay Entity Address: 2000 HSBC Plaza, 10 City: Rochester Phone: 585-295-4424 State Person with the Requisite Involvement Last name: Breslin State Person's Agency or Legislative Body of	y, LLP 00 Chestnut Street State: NY It in the Entity: First name: of Employment: N.Y. Sta	Neil D.	ZIP code: 14604
Entity Name: Hiscock and Barclay Entity Address: 2000 HSBC Plaza, 10 City: Rochester Phone: 585-295-4424 State Person with the Requisite Involvement Last name: Breslin State Person's Agency or Legislative Body of	y, LLP 00 Chestnut Street State: NY It in the Entity: First name: of Employment: N.Y. State: Creet, Room 414	Neil D.	ZIP code: 14604
Entity Name: Hiscock and Barclay Entity Address: 2000 HSBC Plaza, 10 City: Rochester Phone: 585-295-4424 State Person with the Requisite Involvement	y, LLP 00 Chestnut Street State: NY It in the Entity: First name: of Employment: N.Y. Sta	Neil D.	ZIP code: 14604

Designated Addendum Sheet for Sections III and IV

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

III Business Relationship with an Ennstructions: Fill out this section only if the Relation and fill out Section IV. III(a) Fill out this section ONLY for addition	onship is with an Entity. If			
Entity Name:	CONTRACTOR		AND	
Entity Address:				
City:	State:		ZIP code:	
Phone:				
State Person with the Requisite Involvement in	n the Entity:			
Last name:	First nam	ne:		
State Person's Agency or Legislative Body of	Employment:		A CONTRACTOR OF THE CONTRACTOR	
Public Office Address:			The passage of the control of the co	
City:	State:		ZIP code:	
Phone:				
Check here if using addendum sheet for add	litional State Person(s)	with the Requisite I	nvolvement in the Entity:	
Description of Business Relationship(s):				
Compensation (Actual or Anticipated): Expenses (Actual or Anticipated): Total Compensation and Expenses (Actual o	\$ \$ or Anticipated):	.00	.00	
Beginning date of Business Relationship (Actu	ual or Anticipated):	Month:	Year:	
End date of Business Relationship (Actual or	Anticipated) if applica	ble: Month:	Year:	
III(b) Fill out this section ONLY for addition	onal State Person with the	Requisite Involveme	nt in an Entity previously listed.	
Entity Name: Hiscock and Barcl				
Entity Address: 2000 HSBC Plaza,		treet		
City: Rochester	State:		ZIP code: 14604	
Phone: 585-295-4424				
State Person with the Requisite Involvement	in the Entity:			
Last name: O'Mara		me: Thomas		
State Person's Agency or Legislative Body of	Litipio y i i i o i i i .	tate Assembl	У	
Public Office Address: 172 State Stre	eet, Room 812			
City: Albany	State:	NY	ZIP code: 12248	

And the Committee of th	State Do	erson First Name:	
tate Person Last Name:	sidle re	erson mist name.	
agency or Legislative Body of Employment:			
ublic Office Address:			
ity: State:			ZIP code:
hone:			
Description of Business Relationship(s):			
Compensation (Actual or Anticipated):	\$.00	
expenses (Actual or Anticipated):	\$.00	
otal Compensation and Expenses (Actual o	r Anticipated):	\$.00
Beginning date of Business Relationship (Actu	ual or Anticipated):	Month:	Year:
End date of Business Relationship (Actual or ,		ole: Month:	Year:
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